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PLEASE NOTE: \*YOU MUST COMPLETE THE FOLLOWING:

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO. 825-103PCT

	A
	As a below named inventor, I hereby declare that: my residence post office address and
	citizenship are as stated next to my name; that I verily believe that I am the original, first and sole
	inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named
	below) of the subject matter which is claimed and for which a patent is sought on the invention
•	entitled: *

lasert Title	inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: *						
·		ION SYSTEMS BASED ON AI	_PHAVIRUSES				
Check Box If Appropriate — For Use Without	the specification of which	is attached bereto unless of	ne of the following have	s is checked:			
Specification Attached	the specification of which is attached hereto unless one of the following boxes is checked:  The Specification was filed onand was assigned						
•••	Serial No and was amended on on was filed as PCT international application number on and was amended under PCT Article 19 on						
,							
	(if applicable).  I hereby state that I have reviewed and understand the contents of the above identified.						
	specification, including the claims, as amended by any amendment referred to above.						
	I acknowledge the duty to disclose information material to patentability as defined in Code of Federal Regulations, §1.56.						
		o not believe the same was e					
2) 2)	America before my or our invention thereof, or patented or described in any printed publication in						
- F	any country before my or our invention thereof, or more than one year prior to this application,						
	that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an						
प्रिंग अंतरति प्रतितत्ति शिवादी क्षेत्राति		d before the date of this appli					
2 2	States of America on an a	pplication filed by me or my	legal representatives or	assigns more than			
		s for designs) prior to this app					
		this invention has been filed					
	of America prior to this application by me or my legal representatives or assigns, except as follows						
Mrs. Minns Book	I hereby claim foreign priority benefits under Title 35, United States Code, §119 of a application(s) for patent or inventor's certificate listed below:						
L.	Prior Foreign Application(s	)		Priority Claimed			
	9003978-5	Sweden	12 13 90	Ox 🗆			
isert Priority information if appropriate)	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)	(Month/Day/Year Filed)				
	·	• •	• • • • • • • • • • • • • • • • • • • •	Yes No			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than Months (6 Months for Designs) Prior To The Filing Date of This Application:						
	Country	Application No.	Date of Film	g (Month/Day/Year)			
	I hereby claim the benefit under Title 35, United States Code, §120 of any United State						
	application(s) listed below and, insofar as the subject matter of each of the claims of this application						
	is not disclosed in the prior United States application in the manner provided by the first paragraph						
	of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of						
	the prior application and the national or PCT international filing date of this application:						
	(Application Serial No.)	(Filing Date)	(Status — patent	ed, pending, abandoned)			
	(Application Serial No.)	(Filing Date)	(Status — patent	ed, pending, abandoned)			

\*NOTE: Must be completed.

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

RAYMOND C. STEWART (Reg. No. 21,066) JOSEPH A. KOLASCH (Reg. No. 22,463) JAMES M. SLATTERY (Reg. No. 28,380) DONALD C. KOLASCH (Reg. No. 23,038) CHARLES GORENSTEIN (Reg. No. 29,271) LEONARD R. SVENSSON (Reg. No. 30,330) TERRELL C. BIRCH (Reg. No. 19,382) ANTHONY L. BIRCH (Reg. No. 26,122) BERNARD L. SWEENEY (Reg. No. 24,448) MICHAEL K. MUTTER (Reg. No. 29,680) GERALD M. MURPHY, JR. (Reg. No. 28,977) TERRY L. CLARK (Reg. No. 32,644)

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Send Correspondence to: BIRCH, STEWART, KOLASCH AND BIRCH

301 North Washington Street P.O. Box 747 alls Church, Virginia 22040-07

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	(3)	DATE		
insert Name of Inventor Insert Date This Document Is Signed	Henrik	GAROFF	Kenuk Ga	with	01.07.92		
Insert Residence	RESIDENCE (City State &	Country)	t	CITIZENSHIP	-		
The state of the s	Hägersten	, Sweden		Swedish			
insert Post Office	POST OFFICE ADDRESS (Complete Street Address including City State & Country)						
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Rull Name of Second	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	/, 7	DATE		
see above	Peter	LILJESTRÖM	reser di	heo L	01.03,-12		
Secretary of the secret	RESIDENCE (City, State & C	Country)		CITIZENSHIP	· · · · · · · · · · · · · · · · · · ·		
Application for the second seco	Tullinge	, Sweden		Swedish			
en age	POST OFFICE ADDRESS (Complete Street Address including City State & Country)						
	Elgentorpsvägen 16, S-146 00 TULLINGE, Sweden						
Full Name of Third Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		*DATE		
see above							
	RESIDENCE (Crty, State & Country)			CITIZENSHIP	L		
	POST OFFICE ADDRESS (Complete Street Address including City State & Country)						
Full Name of Fourth Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		'DATE		
see above							
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				•			
Full Name of Fifth Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE		
see above							
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*Note: Must be completed — date this document is				5 <u>22</u> .			
signed.	POST OFFICE ADDRESS	(Complete Street Address including C	City, State & Country)		·		
Page 2 of 2							
(USPTO Approved 3-90)				-			